



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Testimony

#### Program Review and Investigations Committee

February 27, 2015

**House Bill No. 6854 An Act Implementing the Recommendations Of The Legislative Program Review And Investigations Committee Concerning The Reporting Of Certain Data By Managed Care Companies And Health Insurance Companies To The Insurance Department.**

Chairwoman Carpino, Chairman Fonfara, and Members of the Program Review and Investigations Committee, the Insurance Department appreciates the opportunity to submit written testimony on raised **House Bill No. 6854 An Act Implementing the Recommendations Of The Legislative Program Review And Investigations Committee Concerning The Reporting Of Certain Data By Managed Care Companies And Health Insurance Companies To The Insurance Department.** Generally, H.B. 6854 would amend 38a-478c of the Connecticut General Statutes to require more information to be provided by the carriers to be analyzed by the Connecticut Insurance Department (the Department) and published in the consumer report card.

The data requested here is virtually the same data requested in Public Act 14-58. The Governor vetoed Public Act 14-58 on May 29, 2014. Since that public act was vetoed, the Department has been actively working with the Governor's office and other agencies to enhance the data collection provision among other functions and ultimately strengthen the intent of the bill as the Governor signaled in his veto message.

In the Governor's veto message, he found the objectives of the 2014 bill "laudable," but he outlined a number of concerns, including the accuracy of such data being tied to provider input. The Governor noted that "due to stigma or other reasons" there may be a significant number of people reported with issues other than the mental health conditions for which they were treated. The CID understood the Governor's concerns and agreed with his recommendation that "there will be an opportunity for stakeholders, the executive branch, the Connecticut Health Insurance Exchange, and others, to work together to pursue this bill's laudable objective in the next legislative sessions."

As a result of the Governor's veto, a core group led by the Governor's Office, that includes the Insurance Department, the Office of Policy and Management, the Healthcare Advocate and the state departments of Children & Families, Developmental Services and Mental Health & Addiction Services, Social Services and Public Health has been working together on a regular basis the past several months to strengthen coverage – both commercial and public – for behavioral health and autism spectrum services.

That working group has agreed that the Insurance Department will lead a group to develop recommendations for behavioral health utilization and quality measures data. These recommendations,

identifying the information elements, can be found in section 7 of Governor's Bill No. 6847. The Department believes that H.B. No. 6854 is not necessary in light of the information contained in Governor's Bill 6847. The Governor's bill provides that the requested data should be collected uniformly from health insurance companies, health care centers and state agencies that pay health care claims and that the Department will compile results of the recommendations and submit a report to the General Assembly by January 1, 2016.

The data collected under the Governor's bill will help the state analyze:

- Coverage for behavioral health services
- Alignment of medical necessity criteria and utilization management across the agencies, plans, programs, companies and centers
- Adequacy of coverage and services
- Adequacy of health care provider networks
- Availability of behavioral health care providers in the state
- Percentage of behavioral health care providers participating in group hospitalization and major medical insurance plans and state medical assistance programs
- Adequacy of services available for behavioral health conditions

For these reasons, the Department feels consideration should be given to the Governor's Bill No. 6847. The Department thanks the Chairs and members of the Program Review and Investigation Committee for the opportunity to submit testimony on H.B. 6854.

**About the Connecticut Insurance Department:** The mission of the Connecticut Insurance Department is to protect consumers through regulation of the industry, outreach, education and advocacy. The Department recovers an average of more than \$4 million yearly on behalf of consumers and regulates the industry by ensuring carriers adhere to state insurance laws and regulations and are financially solvent to pay claims. The Department's annual budget is funded through assessments from the insurance industry. Each year, the Department returns an average of \$100 million a year to the state General Fund in license fees, premium taxes, fines and other revenue sources to support various state programs, including childhood immunization.